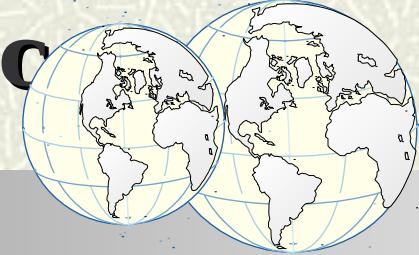


# Commercial Vendor Service



# United States Army Financial Management Command



# Task, Condition, Standards

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**TASK:** Conduct CVS Training Operations

**CONDITION:** Given a requirement to conduct CV Operations in a contingency environment IAW:

- **Federal Acquisition Regulation (FAR)**
- **Defense Federal Acquisition Regulation (DFAR)**
- **5 Code of Federal Acquisition Regulation**

**Part 1315 PPA**

- **DODFMR Volume 10**
- **Local Policies**

# Task, Condition, Standards

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**STANDARDS**: Students should be able to perform the following without errors:

- 1. Maintain the Bills Register Card DA Form 3900**
- 2. Identify the Elements of a Fiscal Code**
- 3. Prepare Routine Vouchers for Payment**
- 4. Process Accounts Payable Documents**

# Agenda

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- ❖ **Policies**
- ❖ **What is Commercial Vendor Services**
- ❖ **Fiscal Triad**
- ❖ **Contract Funding Stages**
- ❖ **Required Documentation for Payment**

# Agenda

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- ❖ **Structure of the CVS office**
- ❖ **DA Form 3900 Bills Register Card**
- ❖ **What is a Fiscal Code**
- ❖ **Pre-Validation**
- ❖ **Types of Contracts**

# Agenda

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- ❖ **Modification**
- ❖ **Types of Receiving Reports**
- ❖ **Types of Invoices**
- ❖ **Types of Paid Vouchers**
- ❖ **Prepare a Voucher for Payment**
- ❖ **Questions**

# REGULATIONS

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- ❖ **Federal Acquisition Regulation (FAR):**
  - **FAR provides uniform policies and procedures**
  - **FAR does not include internal agency guidance**
  - **Website <http://farsite.hill.af.mil.vffara.htm>**

# REGULATIONS

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## ❖ Defense Federal Acquisition Regulation (DFAR):

- Allows and grants approval for the defense acquisitions to deviate from the FAR by inserting additional information and guidance in specific areas.
- Website <http://www.Acq.osd.mil/dp/dfars.html>

# REGULATIONS

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❖ **Code of Federal Regulations Title 5, Part 1315 (Prompt Payment Act) 5CFR 1315 (PPA)**

- **Published by the Office of Management and Budget (OMB)**
- **General and permanent rules**
- **Updated each calendar year**
- **Website**  
<http://www.fms.treas.gov/prompt/5cfr1315.pdf>

# REGULATIONS

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- ❖ **Department of Defense Financial Management Regulation Volume 10 (DODFMR)**
  - **Website**  
<http://www.dod.mil/comptroller/fmr>

# **POLICIES**

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## **❖ Local Policies**

- Based upon unique situations pertaining to location**
- Direct policies and procedures on how to make a payment**
- Services have their own manuals and regulations**

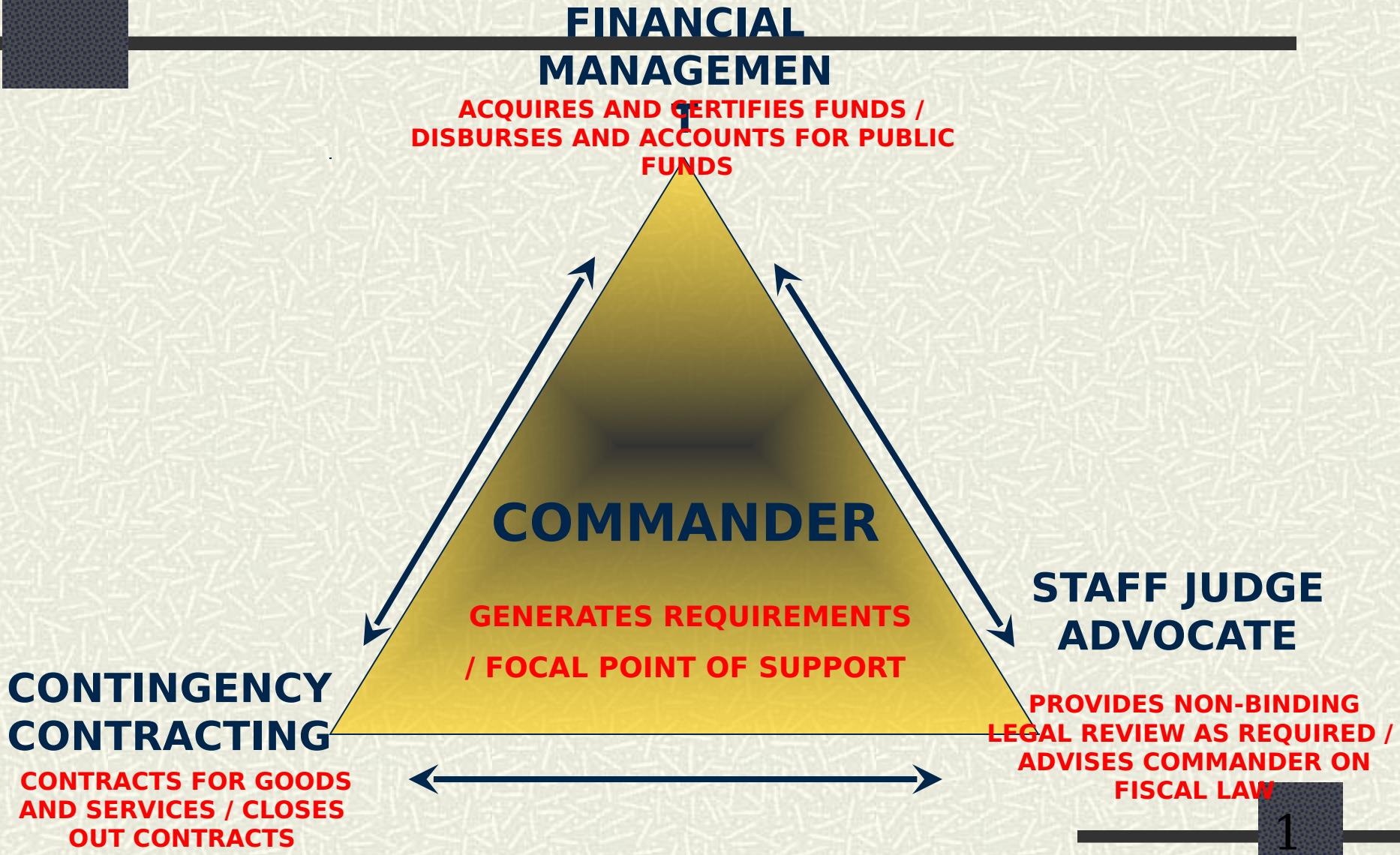
# Commercial Vendor Services Mission

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- ❖ **Prepare, audit, and process all vouchers for supplies, equipment, and non-personal services procured by the government**

# THE FISCAL TRIAD

LEGALLY- BINDING PROCESS THAT GOVERNS THE PROCUREMENT PROCESS



# CONTRACT FUNDING STAGES

## Step 1

**Unit identifies a REQUIREMENT  
generates a  
DA Form 3953  
Purchase Request and Commitment**

## Step 2

**PR&C submitted to RM  
for APPROVAL**

# CONTRACT FUNDING STAGES

---

## Step 3

**RM funds PR&C and records  
the commitment**

## Step 4

**RM submits PR&C to  
Contracting**

# CONTRACT FUNDING STAGES

---

## Step 5

**Contracting AWARDS  
contract for goods/services**

## Step 6

**Contract is sent to RM for OBLIGATION**

# CONTRACT FUNDING STAGES

---

## Step 7

**CVS office receives the invoice, receiving report and contract**

## Step 8

**CVS office prepares  
the  
SF 1034 and sends  
the to disbursing  
for payment**

# DA Form 3953 Purchase Request and Commitment

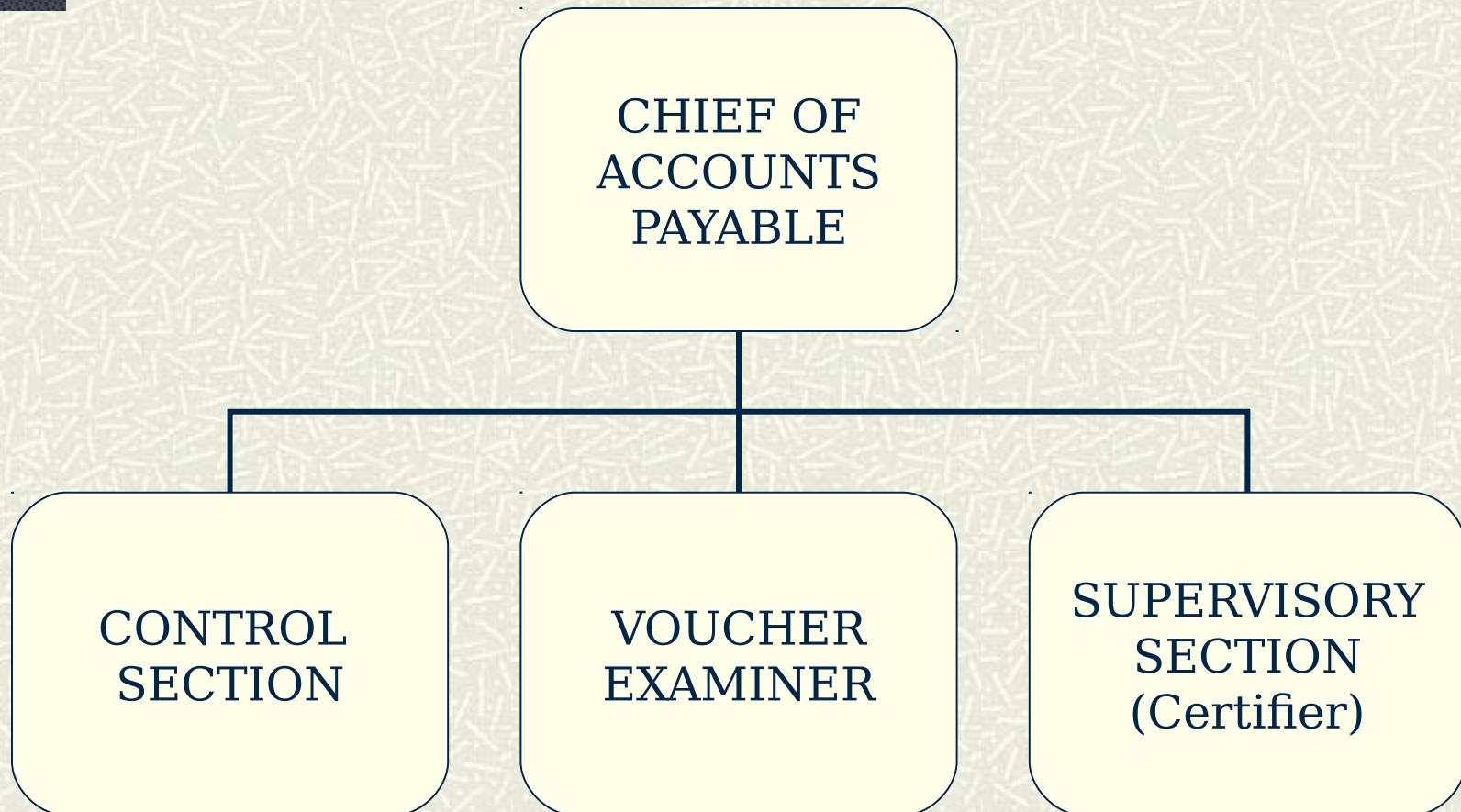
PURCHASE REQUEST AND COMMITMENT		1. PURCHASE INSTRUMENT NO.	2. REQUISITION NO.	3. DATE	PAGE OF PAGES			
4. TO		5. THRU:		6. FROM				
It is requested that the supplies and services enumerated below or attached list be								
7. PURCHASED FOR		8. DELIVERED TO			9. NOT LATER THAN (Date)			
The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock; therefore, local procurement is necessary for the following reason (Check appropriate box and complete item)		10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION			11. TELEPHONE NUMBER			
12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY			FUND CERTIFICATION			
The supplies and services listed on this request are properly chargeable to the following accounts, the available balances of which are sufficient to cover the cost thereof, and funds have been committed								
14. ITEM 15. SUPPLY OR SERVICES DESCRIPTION OF 16. QUANTITY 17. UNIT 18. ESTIMATED UNIT PRICE <i>a</i> TOTAL COST <i>b</i>						19. ACCOUNTING CLASSIFICATION AND AMOUNT		
						20. TYPED NAME AND TITLE OF CERTIFYING OFFICER	21. SIGNATURE	22. DATE
						23. DISCOUNT TERMS		
						24. PURCHASE ORDER NUMBER		
						25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE  ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, NUMBER OF DAYS REQUIRED		
27. TYPED NAME AND GRADE OF INITIATING OFFICER		28. SIGNATURE		29. DATE	34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE			
30. TELEPHONE NUMBER					35. SIGNATURE			
31. TYPED NAME AND GRADE OF SUPPLY OFFICER		32. SIGNATURE		33. DATE	36. DATE			

# Required Documentation for Payment

---

- **Contract (Procurement Document)**
  - ★ Generated by Contracting Office
- **Receiving/Acceptance Report**
  - ★ Generated by the Receiving Activity (Unit) who received the goods/services
- **Invoice**
  - ★ Generated by the Vendor
- **PR&C (Based on Local Policy)**
- **Proof of Pre-validation (Based on Local Policy)**

# STRUCTURE OF THE CVS OFFICE



BILLS REGISTER  
**SUPPLIES AND SERVICES**  
NONPERSONAL

**TOTAL OBLIGATION: \$2,868.00**

Name QATAR INTERNATIONAL

Address CAMP LIBERTY, IRAQ APO AE 09165

1. Shows when all supporting documents necessary to prepare a payment voucher have been received.
2. Cites paid vouchers and check number.
3. Shows amount and number of partial or progress payments.
4. Prevents duplicate payments.

# Check on learning



## **Q: What are regulations and policies that govern commercial vendor services?**

FAR, DFAR, DODFMR Volume 10, CFR Title 5 Part 1315, and Local Policies of service components.

## **Q: Who are part of the Fiscal Triad?**

Staff Judge Advocate, Contracting, Financial Management

## **Q: Describe the contract funding stages?**

Unit identifies a need for a requirement or service

PR&C is submitted to the RM for approval

RM funds PR&C and records the commitment

RM submits PR&C to contracting

Contract Office awards the contract to the vendor

Contract is sent to Resource Management for obligation

CVS office receives the invoice, receiving report, and contract

CVS prepares the voucher for payment

# Check on learning



**Q:** What form is submitted to the Resource Management office for request of funds?

**DA Form 3953 Purchase Request and Commitment**

**Q:** What are the required documents in order to pay a contract?

**Contract, Receiving Report, an Invoice**

**Q:** What are the sections within Commercial Vendor Services Section?

**Control, Voucher Examiner, and Supervisory**

**Q:** What is the DA Form 3900 used for?

**Bills Register Card- shows when all supporting documents necessary to make a legal payment have been received, i.e., contract, receiving report, and vendor's invoice**

# What is a Fiscal Code

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**DFAS-IN MANUAL 37-100-  
FY**

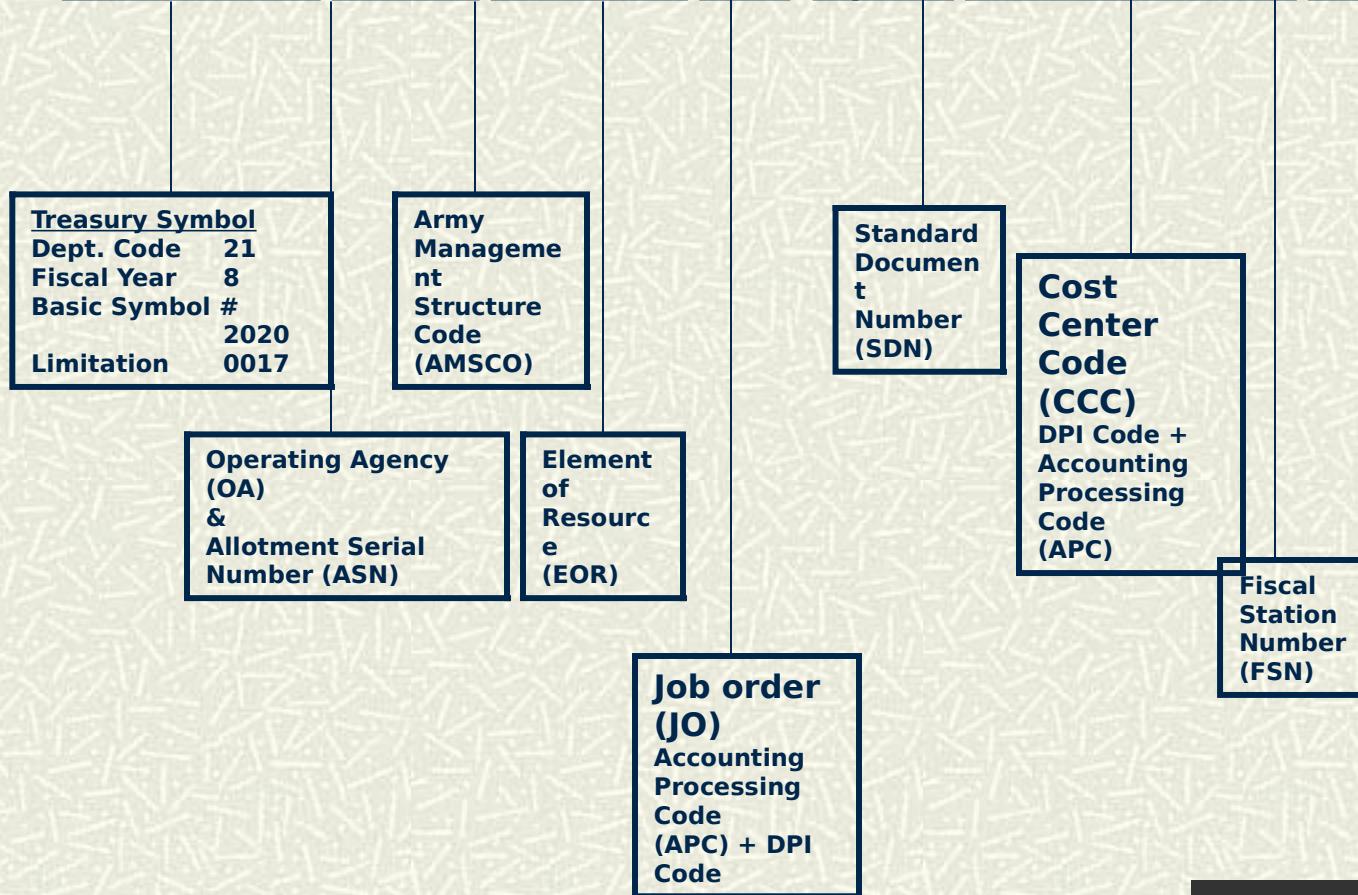


**Financial Management  
The Army Management  
Structure Fiscal Year \*\*  
Defense Finance and  
Accounting Service  
Indianapolis Center (DFAS-IN)  
Indianapolis IN  
August 2000**

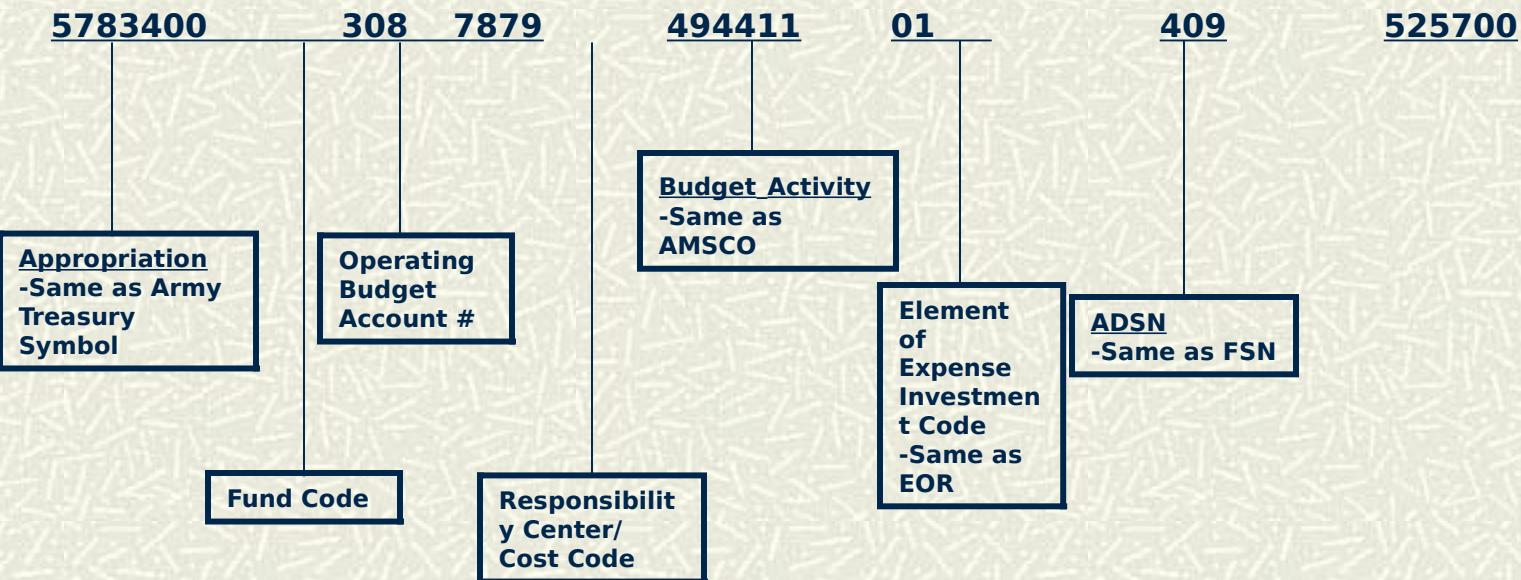
**A uniform method of  
recording, classifying,  
summarizing, and  
reporting financial  
transactions.**

# Standard Army Accounting Classification Code

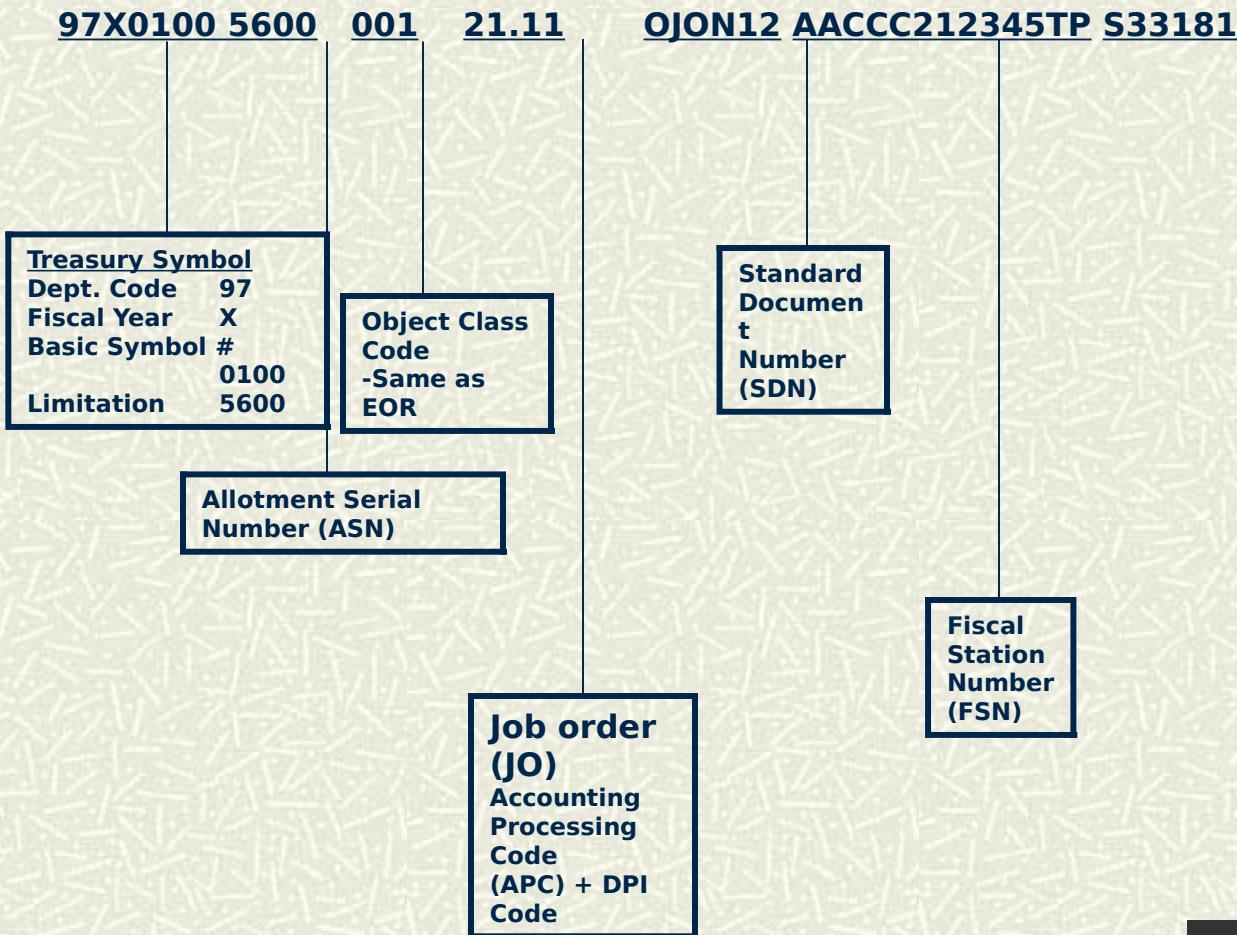
**2182020.0017 57-3106 325796.BD 26FB 4QA383 W12ABC32740020 834QA3 S09076**



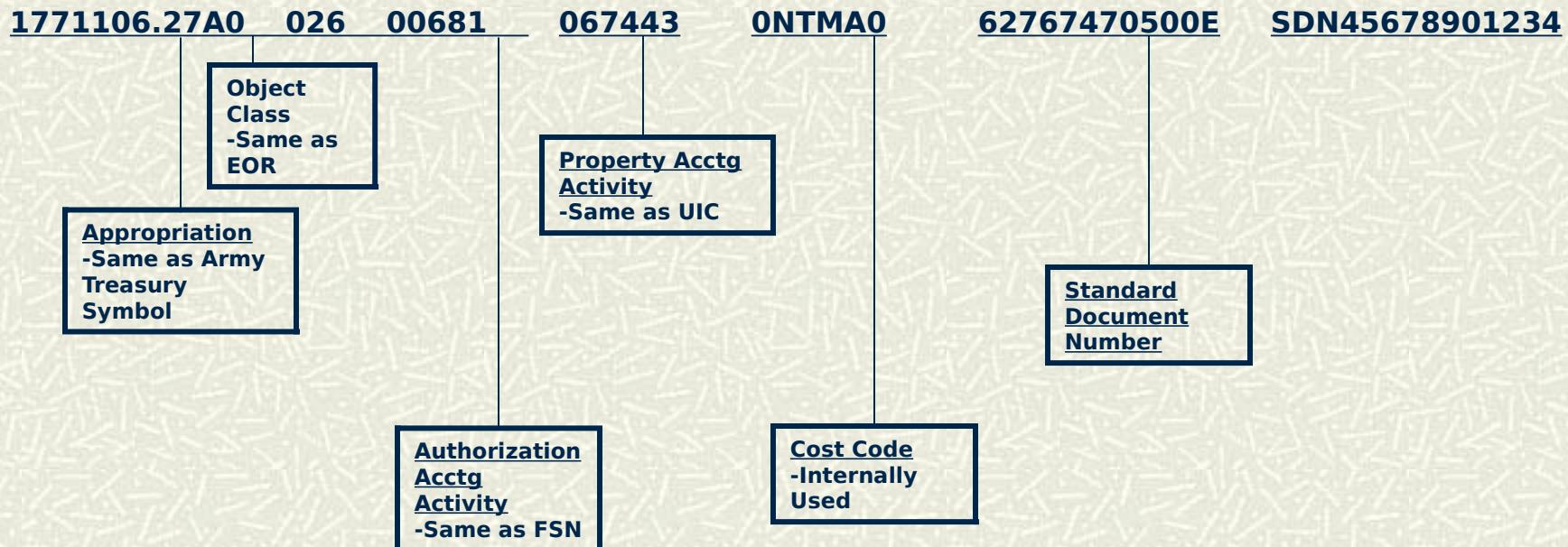
# Standard Air Force Accounting Classification Code



# Standard DoD Accounting Classification Code



# Standard Navy/ Marine Accounting Classification Code



# APC Crosswalk

<b>FY</b>	<b>APC</b>	<b>DP</b>	<b>BSN</b>	<b>Limit</b>	<b>AMSCO</b>		<b>FSN</b>			
8	4QA3	21	2020	0000	9000000000000	K	009076	0000000000000	6000	CPMNC Operations
8	4QAV	21	2020	0000	9000000000000	K	009076	0000000000000	6000	AVN TASK FORCE
7	3009	21	2020	0000	9000000000000	K	030093	0000000000000	6000	Oploc rome FSN 030093
8	49LW	21	2020	0000	9000000000000	K	044008	0000000000000	6000	USAENGR Ft. Belvoir
8	K074	97	0100	7206	9000000000000	K	033181	0000000000000	6000	DFAS -CO ACCB
8	K101	97	0100	4690	9000000000000	K	033181	0000000000000	6000	CPTFO DISB LIMIT
8	BS23	17	1105	2702	0000000000000	K	067443	0000000000000	8000	Casual Pay USMC Enl
8	BS24	17	1105	2701	0000000000000	K	067443	0000000000000	8000	Casual Pay USMC Off
8	K341	57	3400	0000	0000000000000	K	667100	0000000000000	7000	CPDFAS Limestone
8	K084	57	3840	0000	0000000000000	K	667100	0000000000000	7000	CPTFO Barksdale AFB

1781105.2702 026 00681 067443 0NTMA0 62767470500E SDN45678901234

- To locate the APC for any LoA that does not contain the FSN of S09076, you must use the APC Master File.
- Identify the FY, Dept. Code, BSN, and FSN.
- That will have the APC that has been assigned by DFAS Rome.
- If the listing does not contain the APC, you must contact DFAS-Rome to have them create one for you.
- THE APC for this LoA is BS23.

# Accounting Classifications

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## ❖ Data processing Installation Code (DPI)

- Not an element of the Line of Accounting
- Two digit code
- Identifies the installation providing the data processing support
- Job Order (JO) = APC + DPI
- Cost Center Code (CCC) = DPI + APC

# Pre-Validation

---

- ❖ **Process to match planned disbursement with the recorded obligation prior to payment.**
- ❖ **To determine before payment is made to ensure the un-disbursed balance of each obligation is sufficient to cover the amount of the planned disbursement.**  
**This process is intended to minimize the occurrence of problem disbursements and Anti-Deficiency Act violations.**

# Different Methods of Pre-Validation

---

- **STANDARD FINANCE SYSTEM- (STANFINS)**
- **FINANCE AND LOGISTIC SYSTEM- (FINLOG)**
- **LOGISITIC INFORMATION WAREHOUSE -(LIW)**
- **OPERATIONAL DATA STORE -(ODS)**

# Different Methods of Pre-Validation

---

- **DEFENSE JOINT MILITARY PAY SYSTEM- (DJMS) DYNACOMM**
- **Direct Contact with Resource Management**
- **Emails**

# STANFINS Terminology

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➤ STANFINS- The official Army accounting system.

LXG- Shows only current obligations, accruals, and disbursements. The totals are cumulative. Does not show specific data.

NXG- Current months transactions. Specific data shows

# **STANFINS Terminology**

---

- **NULO-** (Negative Un-Liquidated Obligation)  
When disbursements are greater than the obligation
- **DON-** Also known as the SDN and DRN. Refers to the document number on the line of accounting
- **TA-** Type of action
- **FINLOG-** Web based program used to access STANFINS
- **LIW-** Web based program used to access STANFINS

# STANFINS

## TYPE ACTION (TA) CODES

---

**20 Obligation, Accrual and Disbursement**  
**21 Obligation and Accrual**  
**23 Obligation ONLY**

**32 Accrual**

**41 Disbursement by other (TFO)**

DON	FY	APC	EOR	TA	AMOUNT	BLK	DATE	DOV
W6J AL462301003	6	4QA3	26EN	32	\$8,802.40	FAI	1/11/2007	
W6J AL462301003	6	4QA3	26EN	41	\$8,802.40	TSD	1/10/2007	275528
W6J AL462301003	6	4QA3	26EN	23	\$166,240.00	DLJ	9/11/2006	
W6J AL462301003	6	4QA3	26EN	23	\$8,802.40	DLC	9/6/2006	

# NXG and LXG Query for document number

**W05AZ961860001**

## NXG QUERY

<b>DON</b>	<b>FY</b>	<b>APC</b>	<b>EOR</b>	<b>TA</b>	<b>AMOUNT</b>	<b>BLK</b>	<b>DATE</b>	<b>DOV</b>
W05AZ961860001	6	4QA3	258A	32	\$775,000.00	FAM	12/27/2006	
W05AZ961860001	6	4QA3	258A	41	\$775,000.00	TSN	12/21/2006	275259
W05AZ961860001	6	4QA3	258A	32	\$775,000.00	FAI	1/11/2007	
W05AZ961860001	6	4QA3	258A	41	\$775,000.00	TSD	1/10/2007	275580
W05AZ961860001	6	40A3	258A	23	\$4,650,000.00	DLN	9/15/2006	

## LXG QUERY

<b>DON</b>	<b>DEPT</b>	<b>FY</b>	<b>L</b>	<b>BS</b>	<b>LIMIT</b>	<b>OA</b>	<b>ASN</b>	<b>EBP</b>	<b>EOE</b>	<b>FSN</b>	<b>LXG</b>	<b>APC</b>	<b>ODC</b>	<b>OBLI</b>	<b>ID</b>	<b>ACCRU</b>	<b>DISB</b>	<b>DISB</b>	<b>OBLI</b>	<b>ACCR</b>	<b>DISB</b>	
W05AZ961860001	21	6	2020	0	76	2084	1350	258A		9076	40A3	2	6258	7011	7010	4650000	1550000	1550000				

# Check on learning



## **Q: What does it mean to Pre-Validate?**

- A. The process of matching the planned disbursement with a recorded obligation before the financing or invoice payment is made.

## **Q: What are the methods used to pre-validate?**

- A. STANFINS, FINLOG, LIW, ODS, BRC, DYNACOMM, Direct Contact, Emails

## **Q: What is a TA 32?**

- A. Accrual

## **Q: What is a TA 23**

- A. Obligation

## **Q: What is a TA 41**

- A. Disbursement

# **TYPES OF CONTRACTS**

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- **SF 1449 Solicitation/Contract/Order for Commercial Items**
- **DD Form 1155 Order for Supplies or Services**
- **SF 44 Purchase Order**
- **SF 33 Solicitation, Offer, and Award**

# **TYPES OF CONTRACTS**

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- **Memorandums of Agreement (MOA's)- Prepared by Project Purchasing Officers**
- **SF 30, Amendment of Solicitation/Modification of Contracts- most contracts have several MODs. Must be able to read and determine what the MOD is trying to do and what line of accounting to use.**

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER <b>W92FDR42810687</b>	PAGE 1 OF		
2. CONTRACT NO. <b>W48-HF-06-D-3939</b>	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER <b>0001</b>	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE <b>02 FEB XX</b>			
7. FOR SOLICITATION INFORMATION CALL: <b>HOOSUR DADDY, OWNER</b>	8. NAME <b>HOOSUR DADDY, OWNER</b>	9. TELEPHONE NUMBER (No collect calls) <b>266-9875</b>	10. OFFER DUE DATE: LOCAL TIME <b>20 MAY XX</b>				
9. ISSUED BY <b>CENTRAL CONTRACTING CFLCC FORWARD, IRAQ</b>	10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN- <input type="checkbox"/> BIA OWNED SMALL BUSINESS	11. NAICS: SIZE STANDARD:	12. DISCOUNT TERMS <b>NET 30</b>	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING		
<input type="checkbox"/> SEE SCHEDULE	14. METHOD OF SOLICITATION <input type="checkbox"/> RFG <input type="checkbox"/> IFB <input type="checkbox"/> RFP	15. DELIVER TO <b>SEE ITEM 9</b>	16. ADMINISTERED BY <b>SEE ITEM 9</b>	17a. CONTRACTOR/ OFFEROR <b>HINNAI CONSTRUCTION BAGHDAD, IRAQ</b>			
17b. TELEPHONE NO.	18a. PAYMENT WILL BE MADE BY <b>15<sup>th</sup> FB BAGHDAD, IRAQ</b>	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED: <input type="checkbox"/> SEE ADDENDUM					
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES <b>0001 CONCRETE DIVIDER</b>	21. QUANTITY <b>100</b>	22. UNIT <b>1</b>	23. UNIT PRICE <b>\$400.00</b>	24. AMOUNT <b>\$40,000.00</b>		
(Use Reverse and/or Attach Additional Sheets as Necessary)							
25. DRAFTING AND PROPOSAL FORM <b>2102020 50-8847 117500 3230 W92FDR42810687 20EB S0907B \$40,000.00</b>				26. TOTAL AWARD AMOUNT (For Govt. Use Only)			
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-6. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED				<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED 1 <input type="checkbox"/> 29. AWARD DATE <b>02 FEB XX</b> REF. <b>PRC5939</b> OFFER DATED <b>02 FEB XX</b> YOUR OFFER ON SOLICITATION BLOCK 51, INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR <b>HOOSUR DADDY, OWNER</b>		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>HOOSUR DADDY, OWNER</b>					
30b. NAME AND TITLE OF SIGNER (Type or print) <b>HOOSUR DADDY, OWNER</b>		30c. DATE SIGNED <b>4 MAR XX</b>		31b. NAME OF CONTRACTING OFFICER (Type or print) <b>TONILLE, CONTRACTING OFFICER</b>		31c. DATE SIGNED <b>4 MAR XX</b>	

# SF 1449 TOP PORTION

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER <b>W92FDR42810887</b>	PAGE 1 OF
2. CONTRACT NO. <b>W488-HTF-08-D-3939</b>	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER <b>0001</b>	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE <b>02 FEB XX</b>	
7. FOR SOLICITATION INFORMATION CALL:	8. NAME <b>HOOSUR DADDY, OWNER</b>			9. TELEPHONE NUMBER (No collect calls) <b>266-9875</b>	10. OFFER DUE DATE LOCAL TIME <b>20 MAY XX</b>
9. ISSUED BY  <b>CENTRAL CONTRACTING CFLCC FORWARD, IRAQ</b>	CODE	10. THIS ACQUISITION IS  UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:  NAICS: SIZE STANDARD:  <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN- <input type="checkbox"/> SBA OWNED SMALL BUSINESS			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED  <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS  <b>NET 30</b>	13a. THIS CONTRACT IS A RATED ORDER UNDER DFAS (15 CFR 700)	13b. RATING		
15. DELIVER TO	CODE	16. ADMINISTERED BY  <b>SEE ITEM 9</b>	14. METHOD OF SOLICITATION  <input type="checkbox"/> RFG <input type="checkbox"/> IFS <input type="checkbox"/> RFP		
17a. CONTRACTOR/ OFFEROR  <b>HYUNDAI CONSTRUCTION BAGHDAD, IRAQ</b>	CODE	18a. PAYMENT WILL BE MADE BY  <b>15TH FB BAGHDAD, IRAQ</b>	CODE		
TELEPHONE NO.					
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN					
18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK					

# SF 1449

## MIDDLE

TELEPHONE NO.

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 1b UNLESS BLOCK BELOW IS CHECKED  SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	CONCRETE DIVIDER	100	1	\$400.00	\$40,000.00

(Use Reverse and/or Attach Additional Sheets as Necessary)

18. CONTRACTING AGENT (22-HIGHWAY CONTRACT)

2182020 50-6847 117500 3230493 FOR 4281087 2023 \$19070 \$40,000.00

19. TOTAL AWARD AMOUNT (For Govt. Use Only)

37a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.213-1, 52.213-4, FAR 52.213-3 AND 52.213-6 ARE ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED

# SF 1449 BOTTOM

2162020 50-8347 117500 3230 W92-FDR4241087 21EB 509078 \$40,000.00

17. TOTAL AWARD AMOUNT (For Govt. Use Only)

<input type="checkbox"/> 17a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-6 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED	<input type="checkbox"/> 17b. CONTRACT PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED	<input type="checkbox"/> 29. AWARD DOCUMENT NO. REF. <b>PRC3939</b> OFFER DATED <b>02 MAR XX</b> YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR

**HOOSIER DADDY, OWNER**

31a. UNITED STATES OF AMERICA / SIGNATURE OF CONTRACTING OFFICER

**TOM LEE, CONTRACTING OFFICE**

30b. NAME AND TITLE OF SIGNER (Type or print)

**HOOSIER DADDY, OWNER**

30c. DATE SIGNED

**4 MAR XX**

31b. NAME OF CONTRACTING OFFICER (Type or print)

**TOM LEE, CONTRACTING OFFICE**

31c. DATE SIGNED

**4 MAR XX**

AUTHORIZED FOR LOCAL REPRODUCTION  
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)  
Prescribed by GSA - FAR (48 CFR) 50.212

# DD FORM 1155

# DD FORM 1155 TOP

## ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice)

Form Approved  
OMB No. 0704-0187  
Expires Jun 30, 1997

PAGE 1 OF 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.**

**SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCHASE ORDER NO. <b>DFA SE U-04-P-4321</b>	2. DELIVERY ORDER NO.	3. DATE OF ORDER (YYMMDD) <b>8/30/04</b>	4. REQUISITION/PURCHASE REQUEST NO.	5. PRIORITY
6. ISSUED BY  5TH CORPS SUPPORT CENTER DIRECTORATE OF SUPPORT SERVICES Bldg 381 Campbell Barracks Heidelberg, APO AE 09244		7. ADMINISTERED BY (if other than 6)  CODE		
				8. DELIVERY FOB  <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)
9. CONTRACTOR  • Krans Medical NAME AND ADDRESS Kirchplatz 2 25637 Bischofsheim Germany		CODE	FACILITY CODE	10. DELIVER TO FOB POINT BY (Date) (YYMMDD)
				11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISAD- VANTAGED <input type="checkbox"/> WOMEN-OWNED
				12. DISCOUNT TERMS  <b>NET 30</b>
				13. MAIL INVOICES TO  <b>See Block 15</b>
14. SHIP TO  113th Hospital Bldg 671 Rommel Kaseme Numberg, Germany		CODE <b>W90KU7</b>	15. PAYMENT WILL BE MADE BY  Defense Finance & Accounting Service Kleber Kaserne, GEB. 3209 <b>ATTN LW</b> Mannheimer Str. 218/219 67657 Kaiserslautern, Germany	
			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF PURCHASE ORDER	DELIVERY	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.		
		Reference your  <b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.		
Krans Medical		Brigitte Danielle	"Dated"	
NAME OF CONTRACTOR		SIGNATURE	TYPED NAME AND TITLE	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:		DATE SIGNED (YYMMDD)		
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE				
214203023456859500P 202831 26A R A CDF 00 00ACDF CHR 56762902345ACDF 015202 19,600.00				

# DD FORM 1155 BOTTOM

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
1	Sun Screen	100	Cs	96.00	9600.00
2	Rolaids	200	Cs	50.00	10000.00
<small>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</small>		24. UNITED STATES OF AMERICA <b>Diana Lane</b> BY: Diana Lane, GS-12 CONTRACTING/ORDERING OFFICER			25. TOTAL
					19,600.00
					29. DIFFERENCES
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO.	28. D.O. VOUCHER NO.	30. INITIALS	
		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				34. CHECK NUMBER	
				35. BILL OF LADING NO.	
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMMD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.

U. S. GOVERNMENT  
**PURCHASE ORDER-INVOICE VOUCHER**

**\* PLEASE INCLUDE 1. SELLER'S INVOICE ZIP CODE STANDARD FORM 41a (Rev. 10-83)**  
**PRESCRIBED BY GSA**  
**FAR (48 CFR) 53.213-6**

4  
3

## WHAT IS A RECEIVING REPORT

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- ❖ Receiving Report is written evidence that indicates Government acceptance of supplies delivered or services performed. (FAR Part 2.101)

# **REQUIRED INFORMATION ON THE RECEIVING REPORT**

---

**The receiving report or other Government documentation authorizing payment must, as a minimum, include the following:**

- **Complete name and address of the contractor**
- **Contract number**
- **Description of supplies delivered or services performed**

# **REQUIRED INFORMATION ON THE RECEIVING REPORT**

---

**The receiving report or other Government documentation authorizing payment must, as a minimum, include the following:**

- **received date- the date the supplies were delivered/received or services performed, not necessarily the date they were accepted**
- **acceptance date- the date supplies or services were actually accepted by the designated government official**
- **Signature, printed name, title, mailing address, and telephone number of the designated Government official responsible for acceptance or approval functions. (FAR 32.905)**

# **DIFFERENT TYPES OF RECEIVING REPORTS**

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- ❖ **DD Form 250 Material Inspection and Receiving Report**
- ❖ **DD 1155 Copy 8**
- ❖ **SF 1449 Solicitation/Contract/Order for Commercial Items**
- ❖ **SF 44 Purchase Order**
- ❖ **Invoices as Receiving Reports**

# DD FORM 250

## RECEIVING REPORT

### MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved  
OMB No. 0704-0248

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.  
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROC. INSTRUMENT IDEN. (CONTRACT) DAFI01-**-C-4195		(ORDER) NO.	6. INVOICE NO./DATE	7. PAGE	OF	8. ACCEPTANCE POINT
2. SHIPMENT NO. 72-85	3. DATE SHIPPED 10 OCT **	4. B/L		5. DISCOUNT TERMS		
		TCN		5/10, N/30		
9. PRIME CONTRACTOR CODE HARDWARE SUPPLIES R US 3030 CANNADY AVE. PEMBROKE, GA 31321		10. ADMINISTERED BY CODE CONTRACTING AND PROCUREMENT FORT STEWART, GA 31314				
11. SHIPPED FROM (If other than 9) CODE		FOB:	12. PAYMENT WILL BE MADE BY CODE OPERATING LOCATION ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314			
13. SHIPPED TO CODE DPW BLDG 400 FORT STEWART, GA 31314		14. MARKED FOR CODE				

# DD FORM 250 BOTTOM

DATE ACCOUNTS  
PAYABLE REC'D  
THE R/R

|||||RECEIVED IN OPLOC|||||  
→|||||ACCOUNTS PAYABLE|||  
|||||18 OCT \*\*|||||||||||

22. RECEIVER'S USE

Quantities shown in column 17 were received in apparent good condition except as noted.

10 Oct

Dennis

\*\* DATE RECEIVED SIGNATURE OF AGO OR GOVT REC'D Roman

TYPED NAME Dennis Rom

PBO, GM13

\* If quantity received by the Government is the same as quantity shipped, indicate by (✓) mark, if different, enter actual quantity received below quantity shipped and encircle

**23. CONTRACTOR USE ONLY**

## ACCEPTANCE OF GOODS (AOG) **ONLY!!!**

DD Form 250, NOV 92

*Previous edition may be used.*

USAPPC V1.00

RECEIPT  
OF GOODS  
(ROG)  
  
**ONLY!!!**

# DD FORM 1155 COPY 8

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Dec 31, 1993	PAGE 1 OF
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. <b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>							
1. CONTRACT/PURCHASE ORDER NO. DAFI01-**-M-1589	2. DELIVERY ORDER NO. 0009	3. DATE OF ORDER (YYMMDD) <b>**DEC23</b>	4. REQUISITION/PURCHASE REQUEST NO. PRC 2404	5. PRIORITY			
6. ISSUED BY DIRECTOR, PURCHASING AND CONTRACTING (DOC) HQ, 1/91ST MECH INF FORT STEWART, GA 31314	CODE	7. ADMINISTERED BY (If other than 6) CODE		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST OTHER (See Schedule if other)			
9. CONTRACTOR  NAME AND ADDRESS CONSTRUCTION OR US 129 W. 22ND STREET GLENNVILLE, GA 30427	CODE	FACILITY CODE		10. DELIVER TO FOB POINT BY (YYMMDD) <b>**0101</b>	11. MARK IF BUSINESS <input checked="" type="checkbox"/> SMALL SMALL DISAD- VANTAGED WOMEN-OWNE		
14. SHIP TO POST HOSPITAL BUILDING 163 FORT STEWART, GA 31314	CODE	15. PAYMENT WILL BE MADE BY OPERATING LOCATION AITN: COMMERCIAL VENDOR SERVICES FORT STEWART, GA 31314		CODE	16. MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. DELIVERY TYPE OF PURCHASE ORDER	<input checked="" type="checkbox"/> Reference your <b>ACCEPTANCE:</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.	furnish the following on terms specified					
NAME OF CONTRACTOR  <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)	
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 21*2020 74-7406 847792.63-25CZ W91HOS*3571589/HBBA S09076							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	Repair of Hospital heating and blowing system  //////RECEIVED IN OPLOC //// //////ACCOUNTS PAYABLE //// //////30 DEC ** ////			1	job	1 \$163.00	\$163.00
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: A.N. CANNADY GS 12 CONTRACTING/ORDERING OFFICER <b>A. N. Cannady</b>				25. TOTAL 29. <input type="checkbox"/> DIFFERENCES	\$163.00
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  29 Dec ** DATE 29 Dec ** Larry Hagman SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		27. SHIP NO. <b>1729.**</b> <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL	28. D.O. VOUCHER NO.		30. INITIALS <input type="checkbox"/> 32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR  34. CHECK NUMBER	
36. I certify this account is correct and proper for payment.  DATE 36. I certify this account is correct and proper for payment.  DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			35. BILL OF LADING NO.		
38. RECEIVED AT Bldg 163	38. RECEIVED BY (Print) Jerry Burch	39. DATE RECEIVED (YYMMDD) <b>**DEC29</b>	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

# DD FORM 1155 COPY 8 BOTTOM

BLOCKS 26, 27, and 36 are  
MANDATORY BLOCK  
  
ONLY SIGNATURE  
= ROG

<small>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity</small>		24. UNITED STATES OF AMERICA  A. N. Cannady BY: A.N. CANNADY GS 12 CONTRACTING/ORDERING OFFICER		25. TOTAL 29. DIFFERENCES \$163.00
<small>20. QUANTITY IN COLUMN 20 HAS BEEN ordered and encircle.</small> <input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO. 1729-**	28. D.O. VOUCHER NO.	30. INITIALS
<small>29 Dec ** DATE</small>		<small>LARRY HAGMAN SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</small>		32. PAID BY
<small>36. I certify this account is correct and proper for payment.  DATE</small>		<small>SIGNATURE AND TITLE OF CERTIFYING OFFICER</small>		33. AMOUNT VERIFIED CORRECT FOR
<small>38. RECEIVED <del>AB</del>. RECEIVED BY (Print) Bldg 163</small>		<small>39. DATE RECEIVED (YYMMMD) **DEC29</small>		34. CHECK NUMBER
				35. BILL OF LADING NO.
		40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.

**DD FORM 1155, APR 93**

PREVIOUS EDITION MAY BE USED.

**8**

USAPPC V1.00

BLOCKS 38& 39  
NOT MANDATORY  
  
SIGNATURE & DATE  
= ROG  
  
BLOCK 26 = AOG

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
<b>SF 1449 BOTTOM</b>					
Blocks #32a, 32b, 32c, and 33					

32a. QUANTITY IN COLUMN 21 HAS BEEN					
<input type="checkbox"/> RECEIVED	<input type="checkbox"/> INSPECTED	<input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____			
32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
33. SHIP NUMBER		34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NO.		39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			42b. RECEIVED AT (Location)		
41c. DATE			42c. DATE REC'D (YY/MM/DD)		
			42d. TOTAL CONTAINERS		

**SF 44**

**U. S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER**

DATE OF ORDER 7 APR **	ORDER NO. 127-167																																								
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)* Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324																																									
FURNISH SUPPLIES OR SERVICES TO (Name and address) HQ S, 1/91ST M EC H INF ATTN: S1, ADJ FORT STEWART, GA 31314																																									
<table border="1"> <thead> <tr> <th>SUPPLIES OR SERVICES</th> <th>QUANTITY</th> <th>UNIT PRICE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Paper, 11 x 14</td> <td>5 pk</td> <td>3.50</td> <td>17.50</td> </tr> <tr> <td>Ribbons, Panasonic</td> <td>10 ea.</td> <td>5.00</td> <td>50.00</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT	Paper, 11 x 14	5 pk	3.50	17.50	Ribbons, Panasonic	10 ea.	5.00	50.00																												
SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT																																						
Paper, 11 x 14	5 pk	3.50	17.50																																						
Ribbons, Panasonic	10 ea.	5.00	50.00																																						
<p>///RECEIVED IN OPLC// ///ACCOUNTS PAYABLE// //15APR**//</p>																																									
<p><b>PAYMENT DUE DATE: 10 MAY **</b></p>																																									
<table border="1"> <tr> <td>AGENCY NAME AND BILLING ADDRESS*</td> <td>TOTAL \$67.50</td> </tr> <tr> <td>OPERATING LOCATION ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314</td> <td>DISCOUNT TERMS NET % 30 DAYS</td> </tr> <tr> <td></td> <td>DATE INVOICE RECEIVED</td> </tr> </table>		AGENCY NAME AND BILLING ADDRESS*	TOTAL \$67.50	OPERATING LOCATION ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314	DISCOUNT TERMS NET % 30 DAYS		DATE INVOICE RECEIVED																																		
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	DATE INVOICE RECEIVED																																								
<p>ORDERED BY (Signature and title) <b>R.P. Frazier</b> MAJ, IN</p>																																									
<p>PURPOSE AND ACCOUNTING DATA 21*2020 76-9505 11 7096. Z0-26EB W 913BD*097006/A 111 S09076 \$67.50</p>																																									
<p>PURCHASER - To sign below for</p>																																									
<p>RECEIVED BY <b>B. Davis</b></p>																																									
<table border="1"> <tr> <td>TITLE CPT, AG ADJUTANT</td> <td>DATE 10 APR **</td> </tr> <tr> <td colspan="2">SELLER - Please read instructions on Copy 2</td> </tr> <tr> <td><input type="checkbox"/> PAYMENTS RECEIVED</td> <td><input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50</td> </tr> </table>		TITLE CPT, AG ADJUTANT	DATE 10 APR **	SELLER - Please read instructions on Copy 2		<input type="checkbox"/> PAYMENTS RECEIVED	<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50																																		
TITLE CPT, AG ADJUTANT	DATE 10 APR **																																								
SELLER - Please read instructions on Copy 2																																									
<input type="checkbox"/> PAYMENTS RECEIVED	<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50																																								
<p>NO FURTHER INVOICE NEED BE SUBMITTED</p>																																									
<table border="1"> <tr> <td>SELLER BY: <b>Jack Lennon</b> SIGNATURE</td> <td>J LENNON</td> <td>DATE 10 APR **</td> </tr> </table>		SELLER BY: <b>Jack Lennon</b> SIGNATURE	J LENNON	DATE 10 APR **																																					
SELLER BY: <b>Jack Lennon</b> SIGNATURE	J LENNON	DATE 10 APR **																																							
<p>I certify that this account is correct and proper for payment in the amount of</p>																																									
<table border="1"> <tr> <td>\$67.50 <b>James R. Richardson</b> JAMES R. RICHARDSON LTC EC OPLC (Authorized certifying officer)</td> <td>DIFFERENCES</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		\$67.50 <b>James R. Richardson</b> JAMES R. RICHARDSON LTC EC OPLC (Authorized certifying officer)	DIFFERENCES																																						
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<table border="1"> <tr> <td>AMOUNT VERIFIED BY <b>HAB</b></td> <td>CORRECT FOR \$67.50</td> </tr> </table>		AMOUNT VERIFIED BY <b>HAB</b>	CORRECT FOR \$67.50																																						
AMOUNT VERIFIED BY <b>HAB</b>	CORRECT FOR \$67.50																																								
<table border="1"> <tr> <td>PAID BY CASH</td> <td>DATE PAID</td> <td>VOUCHER NO.</td> </tr> <tr> <td>OR _____</td> <td> </td> <td> </td> </tr> </table>		PAID BY CASH	DATE PAID	VOUCHER NO.	OR _____																																				
PAID BY CASH	DATE PAID	VOUCHER NO.																																							
OR _____																																									

RECEIVING  
REPORT



DATE OF  
DELIVERY

\* PLEASE INCLUDE  
ZIP CODE

1. SELLER'S INVOICE

STANDARD FORM 44a (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48CFR) 53.213(c)

# Invoices used as Receiving Reports

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- ❖ A Vendor's invoice can be used as a receiving report if the contract provides use of Government Certified Invoices instead of a separate receiving report. The invoice must be date stamped upon receipt by the office indicated on the contract to receive the invoice. In addition, the stamp must identify the office (i.e. not merely be a date stamp).

# Invoices used as Receiving Reports

---

- ❖ If you are accepting the vendor's performance or delivery by using a Government Certified Invoice, include the statement: " I certify that the goods/services have been received and accepted on (day, month, year)." This statement may be on an invoice, delivery ticket, voucher, or separate piece of paper and must contain printed name, title, telephone number, date, and signature of the government official authorized to receive and accept the supplies or services.

# INVOICES

---

## Minimum information on invoices:

- ❖ Name and address of vendor
- ❖ Invoice number
- ❖ Invoice date
- ❖ Contract number

# INVOICES

---

## Minimum information on invoices:

- ❖ **Description, quantity, unit of measure, unit price and total amount**
- ❖ **Shipping and payment terms**
- ❖ **Name of office to make payment**

# INVOICES

---

## Minimum information on invoices :

- ❖ If we do not receive the original, must state, “certified copy of the original” and signed
- ❖ Check payment info (if requested)
- ❖ EFT info (if requested)

# INVOICE

CONSTRUCTION OR US  
129 WEST 22ND STREET  
GLENNVILLE, GA 30427

SOLD TO:

UNITED STATES ARMY  
HQS, 1/91ST MECH INF  
ATTN: ACCOUNTS PAYABLE  
FORT STEWART, GA 31314

NUMBER: NA

INVOICE 29 Dec \*\*  
DATE:

ORDER NA  
DATE::

ORDER DAF101-\*\*M-1589  
NUMBER:

INVOICE NUMBER  
MUST APPEAR ON ALL  
P.O., PACKING  
SLIPS & PACKAGES  
CUSTOMER NO:

GOVT-1002C

CODE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
RPH	Repair of Hospital Heating and Blower System	1 JOB	\$163.00	\$163.00

Received in OPLOC  
Accounts Payable  
2 JAN \*

Received in DOC  
30 DEC \*

Thank You For Your Order!

TOTAL DUE:

\$163.00

NOTE : All documents are date stamped when  
received. The vendor's format may vary from this  
example, however, regardless of the format, the same  
basic information must be displayed

**U. S. GOVERNMENT  
PURCHASE ORDER-INVOCHE-VOUCHER**

<b>DATE OF ORDER</b> <b>7 APR **</b>		<b>ORDER NO.</b> <b>127-167</b>		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)* <b>Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324</b>				
FURNISH SUPPLIES OR SERVICES TO (Name and address) <b>HQS 1/91ST MECHINF ATTN: SI, ADJ FORT STEWART, GA 31314</b>				
<b>SUPPLIES OR SERVICES</b>		<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>AMOUNT</b>
<b>Paper, 11x 14</b>		<b>5pk</b>	<b>3.50</b>	<b>17.50</b>
<b>Ribbons, Panasonic</b>		<b>10ea</b>	<b>5.00</b>	<b>50.00</b>
<b>    RECEIVED IN OPLOC    </b> <b>    ACCOUNTS PAYABLE   </b> <b>      15 APR **       </b>				
<b>PAYMENT DUE DATE: 10 MAY **</b>				
AGENCY NAME AND BILLING ADDRESS*		<b>TOTAL \$67.50</b>		
<b>OPERATING LOCATION ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314</b>		<b>DISCOUNT TERMS NET % 30 DAYS</b>		
		<b>DATE INVOICE RECEIVED</b>		
ORDERED BY (Signature and title) <b>R.P. Frazier MAJ, IN</b>				
PURPOSE AND ACCOUNTING DATA <b>21P202076-9505 11709620-26BB W913ED*097006/A111 S02076 \$67.50</b>				
PURCHASER - To sign below for				
RECEIVED BY <b>B. Davis</b>				
TITLE CPT, AG ADJUTANT		DATE <b>10 APR **</b>		
SELLER - Please read instructions on Copy 2				
<input type="checkbox"/> PAYMENT RECEIVED _____		<input checked="" type="checkbox"/> PAYMENT REQUESTED <b>\$67.50</b> _____		
NO FURTHER INVOICE NEED BE SUBMITTED				
SELLER BY: <b>Jack Lennon</b> SIGNATURE		DATE <b>10 APR **</b>		
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES		
<b>-\$67.50</b> <b>James R. Richardson</b> JAMES R. RICHARDSON LTC FC OPLOC (Authorized certifying officer)		AMOUNT VERIFIED: <b>CORRECT FOR \$67.50</b> BY <b>HAB</b> _____		
PAID BY CASH		DATE PAID	VOUCHER NO.	
OR _____				

## INVOICE

**DATE OF  
INVOICE**

# **TYPES OF PAID VOUCHERS**

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- **SF 1034 Public Voucher for Purchases and Services other than Personal**
- **DD Form 1155 Order for Supplies or Services**
- **SF 44 Public Voucher**

**SF 1034**

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121	<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY DEFENSE ACCOUNTING OFFICE FORT STEWART, GA 31321		DATE VOUCHER PREPARED 15 APR **		SCHEDULE NO.		
		CONTRACT NUMBER AND DATE DAFI01.**-C-4195		PAID BY 23rd Finance BN Fort Stewart, GA 31314 DSSN: 6348		
		REQUISITION NUMBER AND DATE PRC 6250				
<b>PAYEE'S NAME AND ADDRESS</b>  Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324				DATE INVOICE RECEIVED 15 APR **		
				DISCOUNT TERMS N/30		
					PAYEE'S ACCOUNT NUMBER NONE	
SHIPPED FROM		TO		WEIGHT	GOVERNMENT B/L NUMBER	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT ( <sup>1</sup> )
				COST	PER	
127-167	10 APR **	PER DETAILED BILL HEREWITH ATTACHED DATED 10 APR **				67.50
<b>PAYMENT DUE DATE: 10 MAY **</b>						
(Use continuation sheet(s) if necessary)						
(Payee must NOT use the space below)						
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR =\$	EXCHANGE RATE =\$1.00	DIFFERENCES		TOTAL 67.50
		BY 2				67.50
				Amount verified; correct for		67.50
		TITLE		(Signature or initials)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		JAMES R. RICHARDSON, LTC, FC (Authorized Certifying Officer) 2		DEFENSE ACCOUNTING OFFICER (Title)		
ACCOUNTING CLASSIFICATION 21*2020 76-9505 117096.Z0-26EB W913BD*0970067//A111 S09076 \$67.50						
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY FOR \$67.50	CHECK NUMBER		ON (Name of bank)	
CASH \$		DATE	PAYEE 3		PER	
					TITLE	
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.						
Previous edition usable						
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.						
NSN 7540-00-900-2234 USAPPC V1.00						

# SF 1034 TOP

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121	<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>		VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY</b> OPERATING LOCATION FORT STEWART, GA 31321		DATE VOUCHER PREPARED <b>18 OCT **</b>	SCHEDULE NO.
		CONTRACT NUMBER AND DATE <b>DAFI01-**-C-4195</b>	<b>PAID BY</b> 23rd Finance BN Fort Stewart, GA 31314 DSSN: 6348
		REQUISITION NUMBER AND DATE <b>PRC 6250</b>	
<b>PAYEE'S NAME AND ADDRESS</b>  HARDWARE SUPPLIES R US 3030 CANNADY AVE. PEMBROKE, GA 31321			<b>DATE INVOICE RECEIVED</b> <b>13 OCT **</b>
		<b>DISCOUNT TERMS</b> <b>5/10, N/30</b>	
		<b>PAYEE'S ACCOUNT NUMBER</b> <b>NONE</b>	
SHIPPED FROM	TO	WEIGHT	GOVERNMENT B/L NUMBER

# SF 1034 Middle

SHIPPED FROM		TO		WEIGHT	GOVERNMENT B/L NUMBER		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUAN- TITY	UNIT PRICE		AMOUNT (1)
					COST	PER	
377	17 OCT **	PER DETAILED BILL HEREWITH ATTACHED DATED 10 OCT **					1,500.00
<b>PAYMENT DUE DATE: 20 OCT **</b>							
(Use continuation sheet(s) if necessary)							
<b>(Payee must NOT use the space below)</b>							
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> PARTIAL 1st <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR BY 2	EXCHANGE RATE =\$ TITLE	DIFFERENCES	TOTAL 1,500.00		
					-75.00		
					Amount verified; correct for 1,425.00		
					(Signature or initials)		

# SF 1034 Bottom

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

<hr/> <i>(Date)</i>	<b>JAMES R. RICHARDSON, LTC, FC</b> <i>(Authorized Certifying Officer)</i>		<b>DEFENSE ACCOUNTING OFFICER</b> <i>(Title)</i>
ACCOUNTING CLASSIFICATION			
21*2020 76-9505 117096.Z0-26EB W91DEH*2551339/MJDF S09076 \$1,425.00			
CHECK NUMBER  CASH \$	ON ACCOUNT OF U.S. TREASURY <b>FOR\$1,425.00</b>	CHECK NUMBER  PAYEE 3	ON <i>(Name of bank)</i>
			PER  TITLE
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.			

Previous edition usable

#### PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 7540-00-900-2234

USAPPC V1.00

# DD FORM 1155

## ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)

Form Approved  
OMB No. 0704-0187  
Expires Dec 31, 1993

PAGE 1 OF

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES  
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCHASE ORDER NO. <b>DAFI01-**-M-1589</b>	2. DELIVERY ORDER NO. <b>0009</b>	3. DATE OF ORDER <b>**DEC23</b>	4. REQUISITION/PURCHASE REQUEST NO. <b>PRC 2404</b>	5. PRIORITY		
6. ISSUED BY <b>DIRECTOR, PURCHASING AND CONTRACTING HOS, 1/91ST MECH INF FORT STEWART, GA 31314</b>		7. ADMINISTERED BY (If other than 6) <b>CODE</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR <b>CONSTRUCTION OR US NAME AND ADDRESS 129 W. 22ND STREET GLENNVILLE, GA 30427</b>		FACILITY CODE <b>•</b>		10. DELIVER TO FOB POINT BY (Date) <b>1 JAN **</b>		
14. SHIP TO <b>POST HOSPITAL BUILDING 163 FORT STEWART, GA 31314</b>		15. PAYMENT WILL BE MADE BY <b>OPERATING LOCATION ATTN: COMMERCIAL VENDOR SERVICES FORT STEWART, GA 31314</b>		11. MARK IF BUSINESS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
16. TYPE OF ORDER <input type="checkbox"/> PURCHASE	DELIVERY <input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <b>ACCEPTANCE</b> , THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.				
NAME OF CONTRACTOR <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:		SIGNATURE		TYPED NAME AND TITLE <b>DATE SIGNED (YYMMDD)</b>		
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>21*2020 74-7406 847792.63-25CZ W91HOS*3571589/HBBA S09076</b>						
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE <b>0001 Repair of Hospital heating and blowing system</b>		20. QUANTITY ORDERED/ACCEPTED* <b>1</b>	21. UNIT <b>job</b>	22. UNIT PRICE <b>\$163.00</b>	23. AMOUNT <b>\$163.00</b>
<b>////////// RECEIVED IN OPLOC////////// ////////// VENDOR SERVICES////////// ////////// 30 DEC **//////////</b>					25. TOTAL <b>\$163.00</b>	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					26. UNITED STATES OF AMERICA <b>A N Cannady</b> BY: <b>A.N. CANNADY GS 12</b> CONTRACTING/ORDERING OFFICER	27. TOTAL <b>\$163.00</b>
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED <b>29 Dec ** Larry Hagman</b> DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					27. SHIP. NO. <b>1729-**</b>	28. D.O. VOUCHER NO.
36. I certify this account is correct and proper for payment. <b>DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>					29. DIFFERENCES	30. INITIALS
38. RECEIVED AT <b>Bldg 163 Jerry Burch</b>					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL	32. PAID BY
38. RECEIVED BY <b>Print</b> <b>Jerry Burch</b>					33. AMOUNT VERIFIED CORRECT FOR	
39. DATE RECEIVED <b>(YYMMDD) **01230</b>					34. CHECK NUMBER	
40. TOTAL CONTAINERS					35. BILL OF LADING NO.	
41. S/R ACCOUNT NUMBER					42. S/R VOUCHER NO.	

# DD Form 1155 Bottom

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 21*2020 74-7406 847792.63-25CZ W91HOS*3571589/HBBA S09076						
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE
0001	Repair of Hospital heating and blowing system			1	job	\$163.00
////////// ////////// ////////// ////////// ////////// ////////// ////////// //////////	// RECEIVED IN OPLOC / VENDOR SERVICES 30 DEC ** //////////////					\$163.00
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: A.N. CANNADY GS 12 CONTRACTING/ORDERING OFFICER			25. TOTAL	\$163.00
					29. DIFFERENC	ES
26. QUANTITY IN COLUMN 20 HAS BEEN		27. SHIP. NO.	28. D.O. VOUCHER NO.		30. INITIALS	
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		1729-**	<input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL			
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT	32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				
36. I certify this account is correct and proper for payment.					34. CHECK NUMBER	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					35. BILL OF LADING NO.	
38. RECEIVED AT Bldg 163	38. RECEIVED BY (Print) Jerry Burch	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.
PREVIOUS EDITION MAY BE USED.						



*Questions???*